FIRST IN A FIFTY-PART SERIES

IT'S HAPPENING AT RUSH

Delivering a one-two punch to breast cancer.

Rush-Presbyterian-St. Luke's Medical Center 2001 Annual Report

A MESSAGE FROM THE CHAIRMAN OF THE BOARD

This year's annual report confirms for me what I have long believed about this outstanding institution: At Rush, great things happen at the bedside and at the laboratory bench every day.

During the past few years we at Rush — along with peer institutions around the country — have faced many challenges. This has required us to look closely at what we are and what we want to be, what we stand for and where we're going. From this intense self-scrutiny, we have emerged with renewed energy and focus — including a strategic commitment to our identity as an academic medical center.

This report marks not just the passage from one year to the next, but also a new beginning. We will soon bid farewell to Leo M. Henikoff, MD — under whose leadership Rush has expanded research, grown Rush University and maintained an unwavering emphasis on the highest quality of patient care. In the coming year, we will welcome a new president and CEO who will build on Dr. Henikoff's accomplishments and lead Rush into the next era. I'm pleased to be part of the Rush community as we move forward, and I'm confident that we are headed toward a bright future.

Ed Brennan

Edward A. Brennan
Chairman, Board of Trustees

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Thoracic surgeon William Warren, MD, uses photodynamic therapy to destroy cancer cells in the windpipe.

Visit www.rush.edu/happening/ for more information.

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ONE OF A FIFTY-PART SERIES

IT'S HAPPENING AT RUSH

Don't get it in writing.

Rush knows a lot is riding on the legibility of a doctor's orders. In 1995, the medical center became one of the first hospitals in the nation to introduce a computer-based program replacing doctors' written and verbal instructions. Called Provider Order Entry (POE), it creates legible, date- and time-stamped orders that are sent instantly to the Rush pharmacy and other departments. Computerized POE represents a big step forward in improving patient care. Because orders are processed faster, patients can get the treatment they need much sooner—a critical factor for anyone being treated with antibiotics and other time-sensitive drugs. POE can warn doctors of potentially harmful drug interactions and allergies, calculate proper dosages for specific patients, and help slow the spread of antibiotic resistance by suggesting the appropriate antibiotic for the patient. "In 1999, the National Academy of Science recommended all hospitals automate prescription orders to significantly reduce medical errors," says medical director of information services and internist John H. Brill, MD. "At Rush, POE put us years ahead of the game."

Getting athletes back in the game.

s a former Notre Dame football
layer, Rush orthopedic surgeon
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called all-arthroscopic rotator cuff repair.
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g of the deltoid muscle. Recovery is faster, too. "With other methods of repair, it may be as long as two years before a patient regains athletic prowess," says Romeo. "This procedure allows for a shorter and less painful recovery,
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RUSH
TERIAN-ST. LUKE'S MEDICAL CENTER
www.rush.edu

IT'S HAPPENING AT RUSH

ADVANCING MEDICINE IN AMERICA

Last spring, Rush launched an advertising campaign with a simple and straightforward purpose: to tell the world — beginning with more than a million readers of the *Chicago Tribune* and *Chicago Sun-Times* — about the scores of ways Rush is advancing medicine in America.

Since its launch on May 9, the campaign has done just that. The ads run nearly every week on Wednesdays in the *Tribune* and on Thursdays in the *Sun-Times* under the headline "It's Happening at Rush." They feature specific examples of the research advances, extraordinary clinical care and nursing expertise that set Rush apart from other medical centers in the city, state and country.

This year's annual report builds on the momentum of the campaign: reprising some of these stories, expanding upon others and offering additional examples of the breakthrough medicine that is a hallmark of Rush.

This annual report chronicles many other defining moments of the year 2001 — the following are just a few of the highlights.

We opened the year with the January dedication of the Rush/Barton Senior Living Residence, the city's first supportive living center for low-income elderly. In June, our research program received a vote of confidence from the State of Illinois, which committed $20 million to Rush to build out additional laboratories in the Robert H. and Terri Cohn Research Building. And in August, we opened the new Rush Breast Imaging Center. Staffed by a recently recruited team of Chicago's best radiologists, the center is poised to become the city's finest resource for the early detection of breast cancer.

Of course, no record of the year can fail to acknowledge the terrorist attacks of September 11. If anything of value can be salvaged from such unbearable tragedy, perhaps it is this: We came together as a country to face the threat bravely and with resolve. And, here at Rush, we came together as a community — to mourn and pray with our fellow citizens, to help each other cope, and to ready ourselves in the event of a crisis closer to home by reviewing and updating our emergency preparedness plans.

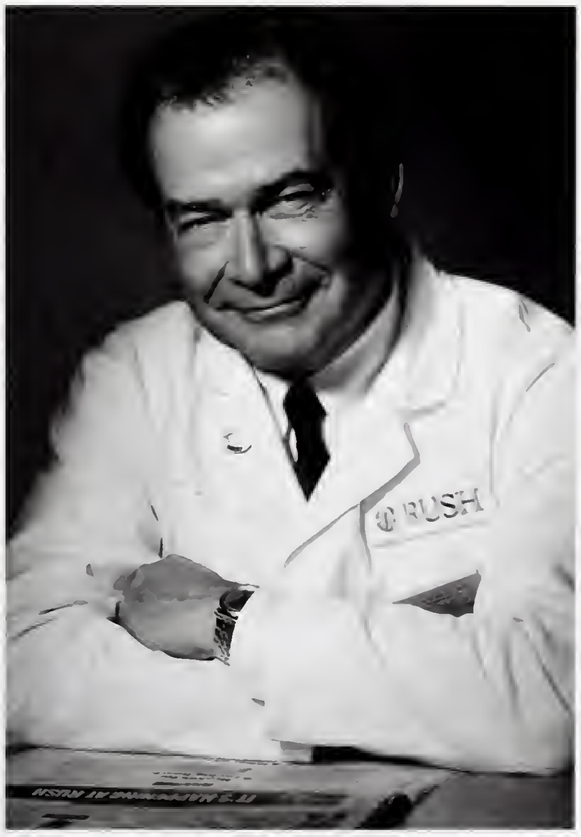
The response of the Rush community to these tragic events has deepened my admiration for the many professionals in every corner of the institution who continue to work toward new and better ways to care for the patients we serve and to teach tomorrow's health professionals. It is the dedication of these outstanding professionals that drew me back to Rush when I signed on as president 17 years ago. It is their spirit that has set the standard during the nearly four decades that I have called Rush my professional home. And it is their unwavering commitment to excellence that will carry Rush into the next era.

Most of you know that this will be my last letter as president and CEO. When I returned to Rush in July of 1984, health care was just beginning to deal with financial change — it was exactly at this time that Medicare took its first steps toward restructuring how it pays for medical services. Over the years, this momentous move, along with the increasing inroads of managed care, has had a profound impact on the practice of medicine — more profound than I or anyone else ever imagined.

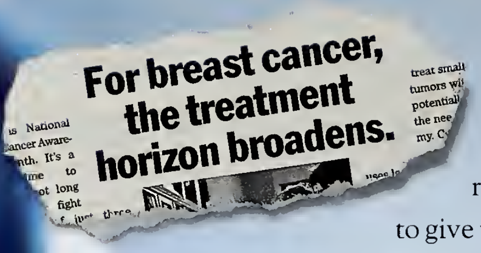
In recent years, the pace of change has accelerated, requiring Rush — like academic health care institutions around the country — to examine itself from top to bottom and to make significant changes in our business model. But I continue to believe what I believed when I accepted the Rush presidency 17 years ago. Rush's enduring source of strength is the uncompromising union of research and education in the support of patient care. With steadfast commitment to that mission, I know that Rush will continue to push medicine past the limits of current understanding to a future in which anything is possible.

Leo M Henikoff MD

Leo M. Henikoff, MD
President and Chief Executive Officer



NEW STRATEGIES FOR FIGHTING BREAST CANCER



For breast cancer, the treatment horizon broadens.

Not long ago, the arsenal to fight cancer consisted of just three weapons: surgery, radiation and chemotherapy. Today, the Rush Comprehensive Breast Center — the first of its kind in the region and a longtime leader in research — is using the latest information on cancer's biomolecular origins to give women more treatment options than ever before.

The power of a one-two punch. Melody Cobleigh, MD, director of the breast center, is leading a clinical study to determine whether an experimental drug — known as antivascular endothelial growth factor — gives a knockout punch to breast cancer when used in combination with chemotherapy.

The new drug targets the blood supply to the tumor, effectively cutting off essential nutrients the tumor needs to grow. Without blood, researchers reason, the tumor will stop developing. Chemotherapy is then administered as a follow-up blow against the tumor. "For women with especially resistant cancers or whose cancers have spread," says Cobleigh, "we hope the new strategy will improve cure rates."

The heat is on. Another treatment under study at Rush may eventually enable doctors to treat small breast cancer tumors without surgery — potentially eliminating the need for a lumpectomy. Called interstitial laser surgery, the treatment uses laser energy delivered through a needle to heat the area around a tumor to 140°F — hot enough to destroy all cancer cells. Performed under local anesthesia, the procedure takes less than an hour, and patients go home the same day.

Currently, says surgeon and treatment pioneer Kambiz Dowlat, MD, women in the clinical trial must have follow-up lumpectomies to determine that their tumors have been destroyed completely. But he hopes further study will prove that the laser is 100 percent effective, making follow-up surgery unnecessary.

Getting the picture. Of course, early detection is still the most effective way to combat breast cancer. That's why Rush opened its new Breast Imaging Center this summer. "We've assembled one of Chicago's best teams of radiologists, technologists and support staff in a setting designed for the maximum comfort of patients," says Peter Jokich, MD, director of breast imaging and one of the center's five newly recruited radiology specialists. "More women are making mammograms part of their health care routine. We want to do everything possible at Rush to encourage this potentially lifesaving trend."

MELODY COBLEIGH, MD: WHEN QUALITY EDUCATION, TALENT AND DEDICATION COME TOGETHER

Seven years ago, Jean Boyll was diagnosed with breast cancer. Despite a mastectomy, the cancer invaded her chest wall, and subsequent chemotherapy sessions proved futile. But today Boyll has no sign of the cancer that once threatened her life — a medical miracle made possible by a drug called Herceptin and a 1976 graduate of Rush Medical College named Melody Cobleigh, MD.

Melody Cobleigh is just one shining example of what happens when quality education, talent and dedication come together. For more than 20 years, she has treated patients with breast cancer, searching for the disease's cause and identifying ways to prevent it from developing. Her devotion to her patients is undeniable; her commitment to finding a cure is unwavering.

Cobleigh's work with the innovative drug Herceptin — a monoclonal antibody that attacks specific kinds of breast cancer tumors — has helped revolutionize how doctors treat cancer. And her current clinical research on anti-VEGF — a therapy that cuts off a tumor's blood supply and stops it from growing — promises to open even more doors.

For Cobleigh, it all began at Rush University, where she found the inspiration to be a caring healer and acquired the skills to be an adept physician and clinical researcher. "In medical school, I discovered that I wanted to treat the whole person — not just a specific organ or a single problem," Cobleigh says. "As an oncologist, I can do that by being here for my patients, for whatever they may need."

Melody Cobleigh, MD (left),
with Dianne Chapman, MS, RN

IT'S HAPPENING AT RUSH

LOWERING BLOOD PRESSURE, SLOWING KIDNEY DISEASE

New defense against a triple threat.

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Kidney disease poses a particularly serious threat to people whose health is already compromised by high blood pressure and Type 2 (or adult onset) diabetes — in fact, it was this very combination of illnesses that ultimately killed baseball legend Jackie Robinson. But there's new hope in the form of a high blood pressure drug called irbesartan. In international clinical trials led by Rush investigators, irbesartan not only lowered patients' blood pressure, it also markedly slowed the progression of their kidney disease. "Early diagnosis of kidney disease is still essential," says Edmund J. Lewis, MD, the study's lead investigator. "But once we have a diagnosis, we now have a drug that slows the progression of kidney disease so patients are less likely to need dialysis or a kidney transplant down the line. That means a potentially enormous reduction in health care costs, and many vastly improved — and longer — lives."

IT'S HAPPENING AT RUSH

ADVANCES IN OPHTHALMOLOGY

Just a few years ago, there was little hope for people who lost their sight through injury or disease. Jonathan B. Rubenstein, MD, an ophthalmologist at Rush, is one of only a handful of surgeons in the country who transplant corneal stem cells, a procedure he has used to successfully restore sight in 60 percent of his patients. The procedure involves regenerating the damaged cornea by transplanting stem cells across the eye's cornea to grow new, clear surface tissue. While the newfound vision may not be 20/20, on average patients treated by the procedure regain enough vision to become more self-sufficient. This is great news for patients like Lisa Podzimek, who lost sight in her left eye following a chemical accident. She can now use both her eyes to clearly see her family and friends — for the first time in 26 years.

IT'S HAPPENING AT RUSH

REDEFINING ORTHOPEDIC SURGERY

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A 12- to 18-inch incision. Four to five days in the hospital. And three to four months' recovery. That's a snapshot of conventional hip replacement surgery — an orthopedic procedure that looms for a growing number of Americans. But Rush orthopedic surgeon Richard Berger, MD, may be changing that picture with a new, minimally invasive approach. What makes it revolutionary is the type of incision: Berger was part of the group that developed a way to access the hip, cut the bone and insert the artificial hip through two "portals" — each less than two inches long — instead of one large incision. First performed by Berger last February, the procedure is still considered in the experimental stages and demands considerable surgical skill. But results so far show that with less cutting of the hip's muscles, tendons and ligaments, most patients are able to go home the day after surgery — and the recovery period is reduced to three or four weeks.

EXTENDING THE LIFETIME OF JOINT REPLACEMENTS

Since their introduction in the 1960s, knee and hip replacement surgery have logged an impressive track record for restoring mobility in people with advanced joint damage.

The ultimate goal for orthopedic researchers today is to develop joint implants made entirely from biologically engineered human tissues. Research is well under way at Rush and other medical centers around the country to create bio-engineered joints that will offer all the benefits of artificial joints but will last longer.

While that goal is certainly within sight, it remains a vision of the future. In the meantime, Rush physicians and scientists are leading the way in efforts to extend the lifetime of artificial joints — through detailed studies of implant failure, through gene therapy to promote bone growth after surgery and through laboratory research into the biology of bone and cartilage.

In addition, researchers at Rush's Human Motion Analysis Laboratory — also known as the "gait lab" — are using cutting-edge technology to analyze how different types of movement affect the joints and contribute to bone loss.

An important goal of this research is to extend the lifetime of joint replacements for people who undergo the procedure between the ages of 18 and 64. "Joint replacement failure is becoming increasingly uncommon," says orthopedic surgeon Joshua Jacobs, MD. According to Jacobs, about 90 percent of implants are performing well after 10 or 15 years.

To find out what goes wrong in the other 10 percent of cases, Jacobs and other Rush scientists are involved in several studies of an insidious biological process called osteolysis, which causes implants to loosen and can lead to massive bone loss. Gaining a deeper understanding of why implants fail will help researchers design better implants, refine surgical techniques and develop pharmacological agents to modify the body's response to wear particles — enabling younger patients to continue enjoying active and healthy lifestyles.

Rush's Human Motion Analysis Laboratory was one of the first facilities of its kind in the nation. Research in the laboratory includes a study of how the hip joint is affected by such activities as walking, rising from a chair and climbing stairs. The goal of this research is to enable better diagnosis, prevention and treatment of musculoskeletal disease and injuries.

IT'S HAPPENING AT RUSH

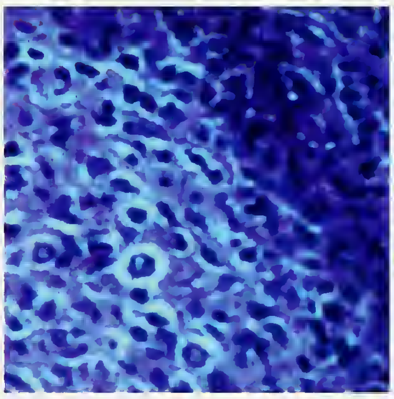
NEW FRONTIERS IN HEMATOLOGY

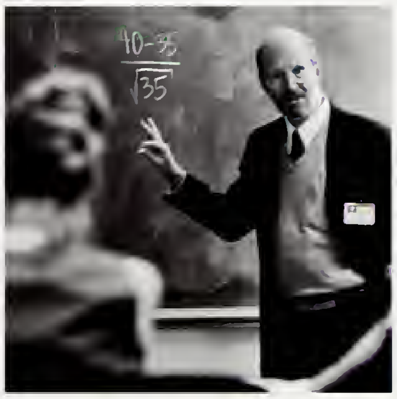
The "magic bullet" for non-Hodgkin's lymphoma — which attacks the immune system and is the fifth most common type of cancer — may be a vaccine tailored to a patient's specific tumor. "In many cases, by the time non-Hodgkin's is diagnosed, it has already spread to other lymph node groups and organs," says Stephanie A. Gregory, MD, director of hematology at the Rush Cancer Institute. "The vaccine we're testing offers a new system to fight it." Developed from the tumor's own unique proteins, the vaccine is given about six months after several courses of chemotherapy. Early results show that it functions as a kind of second line of defense, prolonging remission by training the immune system to target new cancer cells while sparing healthy ones. "It's an exciting development in immunotherapy," Gregory adds. "This combination could prove much more effective in treating non-Hodgkin's lymphoma than chemo alone."

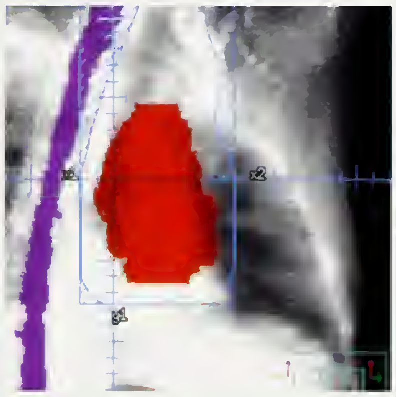
Stephanie A. Gregory, MD

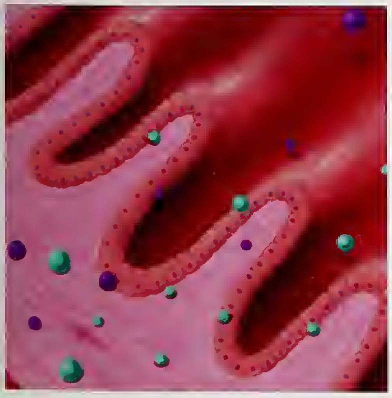
Rush-Presbyterian-St. Luke's Medical Center

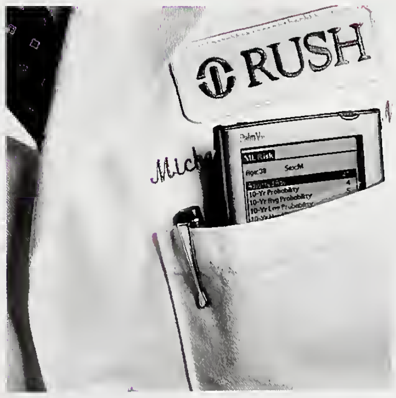
2001 YEAR IN REVIEW











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IT'S HAPPENING AT RUSH

ADVANCING AMERICAN MEDICINE IN 2001

JANUARY

Illinois Governor George Ryan is an honored guest at Jan. 9 dedication ceremonies for the Rush/Barton Senior Living Residence, **Chicago's first supportive living center for low-income elderly.** The four-story apartment building on Chicago's West Side is a joint venture of Rush and Barton Senior Care, LLC. "This facility is outstanding," commented Ryan, who toured the center. "Here, seniors can live privately, independently and with dignity."

FEBRUARY

The Feb. 26 issue of *Crain's Chicago Business* features a front-page story on Rush's chairman of neurological surgery, Leonard Cerullo, MD. Cerullo is known **for pioneering the use of lasers in brain surgery.** He's also known for assembling one of the country's leading teams dedicated to research on spinal cord injuries. Later in February, *Chicago Magazine*'s March issue hits the stands, spotlighting Cerullo and his research team, including neurosurgeons Roy Bakay, MD, and Richard Fessler, MD, PhD, as well as pharmacologist Paul Carvey, PhD.

JULY

Rush teams up with other Chicago-area hospitals for the nation's largest-ever prostate cancer prevention study, launched by the National Cancer Institute. The goal of the Selenium and Vitamin E Cancer Prevention Trial, or SELECT: **to learn if these dietary supplements help protect against prostate cancer, the most common form of cancer,** after skin cancer, in men. The study will include 32,400 men — age 50 and older — recruited through 400 U.S. and Canadian sites.

AUGUST

The Rush Breast Imaging Center opens its doors. With the welcome addition of five new radiologists, the center is poised to become one of Chicago's best resources for the early detection of breast cancer — still the most effective weapon against the disease. **"We've assembled one of the city's best teams in a setting designed for the maximum comfort of patients,"** says Peter Jokich, MD, the center's director and one of the five newly recruited physicians. Jokich returned to Rush — where he served as a radiologist for 10 years — after having spent the past two years at the University of Chicago Medical Center.

It's Happening at Rush. Four simple words — seen nearly every week in a 50-part ad series in the *Chicago Tribune* and *Chicago Sun-Times* — that say so much. Because the *it* in "it's happening" is not merely impressive, it's phenomenal. It's savings lives, it's improving the quality of lives, it's making the future brighter for many patients and families.

And it's happening throughout Rush — in the classrooms of Rush University, where tomorrow's health care professionals develop the tools to provide the best in patient care; in laboratories, where scientists probe the genetic and molecular bases of disease; and at the bedside, where patients benefit from the latest therapies for a host of medical conditions, from cancer to heart disease.

RUSH
Hans Klingemann, M.D.
RUSH
IT'S HAPPENING AT RUSH.

These pages highlight just a few of the Rush happenings that made headlines — and a difference — in 2001. The baby who, thanks to a talented Rush surgeon, celebrated his first birthday last summer — despite being born with his heart outside his chest. The newly opened Rush Breast Imaging Center, which has assembled one of the city's best teams of breast imaging specialists. A new therapy that staves off kidney disease for people with the potentially deadly combination of diabetes and high blood pressure.

These are just some of the ways that Rush is helping to transform the practice of medicine. There are plenty more, many of which will be described in upcoming ads in the *Chicago Tribune* and *Chicago Sun-Times*. To keep abreast of what goes on at Rush throughout the year, visit our Web site at www.rush.edu.

Advances in medicine occur every day — and many of them are happening at Rush.

IT'S HAPPENING AT RUSH

HEALING HEARTS

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Watching 43-year-old Cheryl Chirumbolo bounce around the aerobics studio, it's hard to believe that only a few years ago, the part-time certified fitness instructor had a serious heart condition that threatened not just her active lifestyle, but her life.

In June 1999, after fainting and being rushed to the hospital, Chirumbolo was diagnosed with an aortic stenosis, a narrowing of the aortic valve in the heart that partially obstructs the flow of blood from the heart to the rest of the body. This condition forces the heart to work harder, resulting in such symptoms as fainting spells, lack of energy, difficulty breathing and, if not treated, possible heart failure. Chirumbolo was born with a heart valve abnormality that gradually causes aortic stenosis over time.

"The doctor who diagnosed my condition said it was a mild case and not to worry about it," she says. But when she fainted again the following December, she went for a second opinion and was told she had a severe, life-threatening case of aortic stenosis that required prompt treatment.

Chirumbolo was referred to Rush, where she underwent a complicated surgery called the Ross procedure in which the patient's own valve, rather than a mechanical valve, is used to replace the damaged aortic valve. Rush's Robert March, MD, is one of only a small number of cardiovascular surgeons trained in the procedure. And Rush is one of only a handful of medical centers in the United States offering this option to replace damaged aortic valves.

Since mechanical valves are made of metal and plastic, the body's immune system views them as foreign and mounts a defense against them, including the formation of blood clots on the valve that can break off and cause a stroke. Patients who receive mechanical valves must take blood thinners for the rest of their lives to prevent clots from forming.

"Because I'm an athlete, I prefer not to take drugs at all, if I can avoid them," Chirumbolo says. She opted instead for the Ross procedure.

During the four-hour surgery, March removed Chirumbolo's aortic valve and replaced it with her own pulmonary valve. That valve, in turn, was replaced with a pulmonary valve from a human cadaver.

According to March, it's better to use the patient's own tissue in the higher-stress aortic valve position, because it's more durable than cadaver tissue.

"This operation is very good for athletes since the human valve is very flexible and can accommodate the greater blood flow associated with exercise," March says. "Since a mechanical valve is rigid, the heart has to work harder to push blood through the fixed opening. The Ross procedure allows athletes to exercise without restriction, just as if they had never suffered from valvular heart disease."

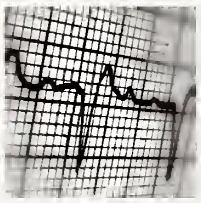
As for Chirumbolo, she says the surgery transformed her life: "I feel so fortunate that I can still lead the active lifestyle I love."

THE RUSH HEART INSTITUTE: SAVING LIVES, PROMOTING HEALTHY LIFESTYLES

The Ross procedure is just one reason why Rush is Chicago's top-ranked center for cardiology and heart surgery, according to *U.S. News & World Report*'s last three "Best Hospitals" issues. For decades, the Rush Heart Institute has been at the forefront of heart care — paving the way for promising new drug therapies, pioneering innovative devices and procedures for repairing the heart and battling heart disease on many fronts.

BRAKES FOR A RACING HEART

When it comes to treating atrial fibrillation — which occurs when the heart's electrical system goes awry, causing the upper chambers to beat irregularly and more rapidly than the lower chambers — Rush has it all: the latest drugs, a defibrillation procedure called cardioversion and AF ablation, an innovative therapy that is offered at only a handful of other medical centers. "With the advances we're making, there's no reason for patients to struggle with symptoms that affect their quality of life," says Rush cardiologist Annabelle Volgman, MD.



HOW THE HEART GETS ITS BEAT BACK

Last June, Rush became the first hospital in Illinois — and one of only a few nationwide — to begin clinical trials on the biventricular pacemaker, a tiny implanted device that emits electronic signals to resynchronize the pumping action of the heart. The new device has been a godsend for many heart failure patients. With heart failure, the chambers pump out of sync and the heart can no longer circulate blood effectively through the body, leading to sometimes debilitating symptoms. While there is no cure for heart failure other than transplantation, this revolutionary new pacemaker has the potential to restore quality of life for many patients.

Cheryl Chirumbolo exercises at her health club in Lombard.

EDUCATING THE HEALTH CARE WORK FORCE OF THE FUTURE

The four colleges that comprise Rush University — Rush Medical College, Rush College of Nursing, the Graduate College and the College of Health Sciences — are rooted in a rich history of educational excellence.

When the University was founded in 1972, it revitalized Rush Medical College, which dates back to 1837, and unified it with what we now know as the Rush College of Nursing, whose heritage as a leading training ground for nurses reaches back to the 19th century. In 1975, these colleges were joined by the College of Health Sciences, which offers bachelor's and master's degrees in allied health professions. And in 1981, the graduate program — once housed under the College of Health Sciences — became a college in its own right, thereby completing what is now Rush University.

Leading the charge. Although the University's students and faculty reap the rewards of its traditions, Rush University is by no means a prisoner of the past. Over the years Rush has led the way in education, with top universities and colleges emulating its teacher-practitioner model. And it has kept pace with the changing needs of the health care system, often being among the first to offer advanced degrees in specialized fields, such as audiology and nursing anesthesiology.

While Rush Medical College enjoyed the best "match day" in its history last June — all senior medical students were accepted into postgraduate programs in their specialties of choice — much of the work of Rush University in 2001 was focused on the future. The College of Nursing announced its plans to launch, in January 2003, an accelerated baccalaureate program that will allow students who already have a bachelor's degree to earn a bachelor's of science in nursing in just one year. The College of Health Sciences began formulating the curriculum for its doctoral program in audiology, which begins accepting students in the fall of 2002 (see story on opposite page). Meanwhile, the recently created master's in clinical research program in the Graduate College — which equips physicians and other health care professionals with the know-how to design, implement and evaluate the results of clinical trials — welcomed its second class of students.

In touch with the times. Because of the University's integrated relationship with Presbyterian-St. Luke's Hospital, University leaders are keenly aware of the consequences of personnel shortages in areas like

nursing, clinical laboratory science and clinical nutrition, which allows the University to shape its curricula to help meet current — and projected — work force demands. At the same time, the University continues to develop flexible programs to accommodate the needs of busy students, many of whom hold full-time jobs and have young children at home. The College of Nursing and the College of Health Sciences, for example, now offer online courses — allowing students to "attend" courses virtually. This distance learning spares students time-consuming commutes — and, equally important, creates educational opportunities for many students who don't have access to quality universities such as Rush.

Today, Rush University stands where it has always stood — at the vanguard of health care education. And each day Rush alumni pay tribute to that fine tradition — whether they work at the bedside, in a research laboratory or in a rehabilitation clinic — by making significant contributions to the field of health care and by touching the lives of people in need.

NEW DOCTORAL PROGRAM TURNS UP THE VOLUME

Hearing loss is one of the most prevalent chronic health conditions in the United States. In fact, an estimated 28 million Americans have some form of hearing loss. When it comes to preventing, identifying, assessing and treating hearing problems, the nation's audiologists are on the frontlines. And when it comes to training those audiologists, Rush University continues to be a leader.

In fall 2002, Rush will offer the state's first doctor of audiology — or AuD — program. The four-year, professional degree program will eventually replace a master's program that is ranked among the country's best by *U.S. News & World Report*.

Rush University's new program anticipates a nationwide change in requirements for practicing audiologists: By 2007, the AuD will have essentially replaced the master's of audiology as the entry-level degree for professionals in the field.

Why? "There have been so many advances in the science of audiology that it is no longer possible to convey all the knowledge an audiologist needs during a two-year program," explains Dianne Meyer, PhD, chair of the department of communication disorders and sciences at Rush.

Those advances include deepened understanding of the complex systems within the brain that allow people to process and make sense of acoustic signals, from the sound of a voice to the ring of a telephone. There is also increased knowledge of the anatomy and physiology of the ear itself. And there are improved tools for treating hearing loss — from digital, programmable hearing aids to cochlear implants that make it possible for people with severe hearing loss to recognize sound.

A major selling point of the Rush program is its teacher-practitioner model, in which students learn from faculty members who are themselves practicing audiologists. Says Meyer: "Our students are immediately part of a thriving program that treats patients from infancy through older adulthood, offering services ranging from routine hearing screenings to cochlear implants."

IT'S HAPPENING AT RUSH

CONTROLLING EPILEPSY

Michael Smith, MD

Stopping seizures in their tracks.

Every day, people with epilepsy come to Rush to find relief from the seizures that disrupt every aspect of their lives — from household chores to workplace responsibilities to personal relationships.

The Rush Epilepsy Center treats more patients than any other medical center in Chicago. Facilities include a state-of-the-art monitoring unit that provides a safe and comfortable environment for patient evaluation. Patients are monitored around the clock, seven days a week — beginning the painstaking process of pinpointing the origin of seizures.

The monitoring unit is just one example of what makes Rush one of the most respected epilepsy treatment centers in the Midwest. The center also offers patients clinical trials of the latest epilepsy medications, state-of-the-art surgical treatment and novel nonsurgical approaches to controlling seizures. “Since the center’s opening in 1972, we’ve helped thousands of patients, many of whom have been referred to us from all over the country and from around the world,” says center director Michael Smith, MD.

INROADS AGAINST INFECTIOUS DISEASE

Launching new offensives against hepatitis C.

Hepatitis C is the deadliest of the hepatitis viruses. It can eventually lead to chronic liver disease, cirrhosis and liver cancer, and is the No. 1 reason for liver transplants in this country. But the treatment outlook for hepatitis C is increasingly encouraging — and Rush is playing a major role.

Interferon, the first defense. There was little medical science could offer those with hepatitis C until the mid-1980s, when advances in genetic engineering enabled scientists to mass-produce interferon, the body's own antiviral agent. As one of a handful of medical centers involved in interferon's first clinical trials, Rush showed that it could actually eradicate hepatitis C in about 10 percent of the study's patients — a seemingly small number, but proof enough that researchers were on the right path. Today, a Rush team led by Donald M. Jensen, MD, is looking for ways to make interferon a more effective hepatitis C combatant. In the latest clinical trials, a treatment that combines a drug called ribavirin and a long-acting form of interferon is proving five to six times more effective than regular interferon. Another plus: This new form of interferon can be taken only once a week.

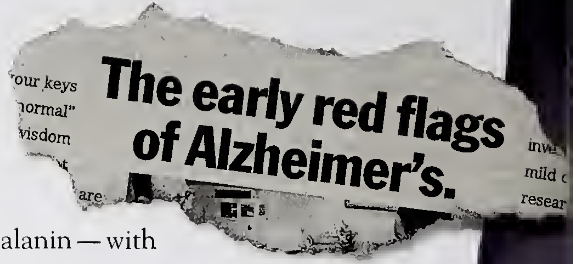
Thinking smaller. But interferon treatments aren't free of complications. For example, patients often suffer from fatigue as well as depressed white and red blood cell counts. And interferon can't knock out every strain of hepatitis — a major drawback in treating a virus known to mutate quickly. That's why researchers are pursuing a new avenue: molecular-based, non-interferon drugs that can attack the virus at the genetic level.

One drug still in development, hepatitis C ribozyme, acts like a pair of molecular scissors, cutting the virus's gene sequence so it can't replicate. Thanks to its longstanding reputation in hepatitis C research, Rush is among a small number of medical centers in the nation now testing the drug. It's a study that holds the promise of revolutionizing hepatitis C treatment.

The quest for a cure. Hepatitis C is four times more prevalent than HIV/AIDS. Yet it's estimated that 40 to 60 percent of the 4.5 million people with hepatitis C don't know they have it — the disease is often mistaken in its early stages for stress and chronic fatigue. The prevalence and impact on public health make development of a vaccine particularly urgent. The key to creating a vaccine lies in finding one that can protect against all of the virus's genetic strains. In the meantime, the search for new and better treatments continues at Rush.

IT'S HAPPENING AT RUSH

LONGER LIVES, HEALTHIER LIVES


The early red flags of Alzheimer's.

Is forgetting where you put your keys or struggling for a word a "normal" sign of aging? Conventional wisdom says yes. But researchers at the Rush Alzheimer's Disease Center (RADC) are now studying whether these kinds of mild memory loss might, in some people, be an early signal of Alzheimer's disease. One of 23 Alzheimer's Disease Centers funded by the National Institutes of Health, RADC is part of a nationwide NIH clinical trial that's investigating the biological roots of mild cognitive impairment. Rush researchers are also testing whether certain drug therapies can not only offer relief from the problem, but also prevent or delay the onset of Alzheimer's. The project is just one of the many ways Rush is helping people with Alzheimer's and their families today — while working toward the goal of sparing future generations from this devastating disease.

Other projects under way at the Rush Alzheimer's Disease Center:

Selfless lives advance knowledge. Since 1993, the search for Alzheimer's disease risk factors has been greatly advanced thanks to more than 900 older priests, nuns and monks in 40 states. As participants in Rush's Religious Orders Study, they've agreed to undergo annual cognitive, psychological and physical exams, and will donate their brains to Rush after their death. "Catholic religious groups share the same living conditions and take excellent care of one another, which is ideal for a longitudinal study," says David A. Bennett, MD, director of both the study and the Rush Alzheimer's Disease Center. Each year, the men and women in the study make it possible for researchers to shed new light on the roles gender, age, genetic history, health and education might play in Alzheimer's disease prevention.

Seeking the source. Unlocking the mysteries of Alzheimer's also requires understanding the biology of the brain — and how it changes with progression of the disease. Rush neuroscientist Elliott Mufson, PhD, was among a group of researchers who, last March, suggested that overproduction of the brain chemical galanin during the early stages of Alzheimer's may contribute to cognitive decline.

The group came to their conclusion after studying the behavior of mice bred to produce excessive amounts of this neurotransmitter, which appears at higher than normal levels in the brains of people who die with Alzheimer's. The next step? To develop ways to block the production of galanin — with the hope of slowing or even reversing mental damage caused by the disease.

One step ahead. "In the long run, we don't want to just treat Alzheimer's disease — we want to prevent it," says Denis Evans, MD, co-director of the Rush Institute for Healthy Aging. Evans is eight years into a multi-year, continuing study to help determine factors that may put some people at higher or lower risk for Alzheimer's.

Earlier studies have suggested that being black, female and having less formal education may increase risk for developing the disease. Evans and his colleagues are examining these and other potential risks in a study of some 25,000 residents age 65 and older of three racially mixed Chicago communities.

When analysis of the data — including thousands of in-home interviews and hundreds of clinical evaluations — is complete, researchers hope to have a clearer picture of who tends to develop Alzheimer's disease and, most important, what factors may have put them at risk. Says Evans: "The 'Holy Grail' in this quest is reversible risk factors — things we can modify to reduce risk."

RUSH'S INTEGRATED RESPONSE TO ELDER CARE

The Rush Alzheimer's Disease Center, which conducts research in tandem with patient care, is an integral part of Rush's comprehensive program for the care of people over the age of 65. That program includes efforts — including those described here — to improve the way care is provided, to raise awareness of important public health issues that affect the elderly and to provide support for families caring for relatives with Alzheimer's disease.

ADVOCACY FOR VULNERABLE SENIORS

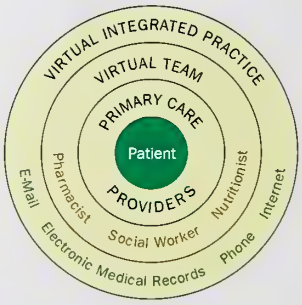
Research suggests that the number of elderly people being victimized financially, physically, mentally — and even sexually — could be five times greater than the number of reported cases. Estimates put the number of Illinois victims of elder abuse or neglect at 75,000. "We need to do a better job of educating the public and medical professionals about this issue," says Martin J. Gorbien, MD, director of geriatric medicine at Rush. Gorbien and his colleagues are beginning to do just that through a partnership with St. Louis University to raise awareness of elder abuse in Illinois and its western neighbor. The program, which is supported by a grant from the U.S. Department of Health and Human Services, will ultimately expand its efforts to reach more than 20 different health care disciplines.

CARING FOR CAREGIVERS

Most research on Alzheimer's disease has focused on the disease itself. Rush researcher Carol Farran, DNSc, has a different agenda: to determine how family caregivers of people with Alzheimer's disease are affected psychologically and physiologically. Farran recently received a grant from the National Institutes of Health to extend her research. "In one study, we're measuring how family caregivers feel about caring for a loved one with Alzheimer's and whether we can help them feel less depressed or anxious after receiving interventions," Farran says. In a second trial, she is tracking select physiological markers to determine how caregiving affects the immune and endocrine systems and more accurately chart caregivers' stress.

GETTING THE VIP TREATMENT

The elderly often see several health care providers — physicians, dietitians, social workers, pharmacists, an occupational therapist, a home health nurse — who have little contact with one another. Rush is testing a new team approach that could transform care for the nation's elderly. Called Virtual Integrated Practice (VIP), it's designed to reap the benefits of old-fashioned collaboration and 21st century communication technology. Members of VIP teams work together to establish goals for their patient, then communicate by e-mail, fax and phone to coordinate recommendations and adjust plans quickly. "We think VIP can build teamwork into the health care system so that the elderly get better care that's also more cost-effective," says program leader Steven Rothschild, MD.



RUSH
RUSH
JIALIANG
LI, PHD.
Research Associate
Neurological Science

VITAL STATISTICS

Rush-Presbyterian-St. Luke's Medical Center is the largest private academic medical center in Illinois. The Medical Center encompasses the 824-bed Presbyterian-St. Luke's Hospital (including Rush Children's Hospital), the 110-bed Johnston R. Bowman Health Center and Rush University. Rush University comprises Rush Medical College, the College of Nursing, the College of Health Sciences, the Graduate College and a cooperative educational network of 12 liberal arts colleges and universities in four states.

The Medical Center is also home to the Rush Institutes, which bring together patient care and research to address major health problems, including arthritis and orthopedic problems, cancer, heart disease, mental illness, neurological problems and diseases associated with aging.

Rush is a thriving center for basic and clinical research, with physicians and scientists involved in more than 1,600 investigations. Some of this important work is housed in the Robert H. and Terri Cohn Research Building, a state-of-the-art facility where Rush investigators are conducting genetic research to identify the causes of a wide range of diseases.

In addition to its missions in patient care, education and research, Rush maintains a strong commitment to the community. Rush reaches out to the Chicago community through such offerings as the Rush Community Services Initiatives Program, an umbrella for several student-led outreach programs designed to address the social and health care needs of residents in neighboring communities. The Medical Center's community service efforts also include the Science and Math Excellence (SAME) Network, a public-private partnership to improve the science and math skills of inner-city children through sponsorship of after-school science clubs, the construction of modern science labs in public elementary schools and other programs. The program serves nearly 50 elementary schools.

RUSH IN BRIEF

Medical Staff	991
Professional Nursing Staff	933
Residents and Fellows	634
Employees	8,906
Licensed beds	
Presbyterian-St. Luke's Hospital	824
Johnston R. Bowman Health Center	110
Oak Park Hospital	176
Births	
Presbyterian-St. Luke's Hospital	1,729
Oak Park Hospital	N/A
Admissions	
Presbyterian-St. Luke's Hospital	27,003
Oak Park Hospital	2,413
Average length of stay in days	
Presbyterian-St. Luke's Hospital	6.3
Oak Park Hospital	6.7
Patient days	
Presbyterian-St. Luke's Hospital	170,409
Oak Park Hospital	16,251
Operations performed	
Presbyterian-St. Luke's Hospital	17,670
Rush Surgicenter	3,691
Oak Park Hospital	1,827
Emergency department visits	
Presbyterian-St. Luke's Hospital	39,365
Oak Park Hospital	7,524

PHILANTHROPIC AND EXTRAMURAL SUPPORT

Total philanthropic gifts *(in millions of dollars)*	$ 22.0
Gifts received, by purpose (in millions of dollars)	
Unrestricted	$ 2.6
Endowment	$ 1.9
Facilities	$ 1.6
Research	$ 8.8
Special programs	$ 7.1
Gifts received, by source (in millions of dollars)	
Individuals and families	$ 15.1
Corporations	$ 1.3
Foundations	$ 4.2
Associations and other organizations	$ 1.4
Research Awards (in millions of dollars)	$ 57.6
Research Awards, by source (in millions of dollars)	
National Institutes of Health	$ 39.6
Other federal awards	$ 2.9
Other public health awards	$ 1.2
Private corporations	$ 13.1
Other	$ 0.8

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City of Chicago

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Commission for Accreditation of Rehabilitation Facilities
Liaison Committee on Medical Education
Department of Registration and Education, State of Illinois
North Central Association of Colleges and Schools, Higher Learning Commission
Council on Accreditation of Educational Programs for Nurse Anesthesia
American Dietetic Association
Accrediting Commission on Education for Health Services Administration
Accreditation Council on Graduate Medical Education
Association for Clinical Pastoral Education
Commission on Accreditation of Allied Health Education Programs: Accreditation Committee on Perfusion Technology
National Accrediting Agency for Clinical Laboratory Sciences
Accreditation Council for Occupational Therapy Education
American Speech-Language-Hearing Association Council on Academic Accreditation
Commission on Collegiate Nursing Education

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Metropolitan Chicago Healthcare Council
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American Association of Colleges of Nursing
Association of Schools of Allied Health Professions
Association of University Programs in Health Administration
Association for Health Services Research
Voluntary Hospitals of America

RUSH UNIVERSITY STUDENT BODY

Rush Medical College	488
College of Nursing	444
College of Health Sciences	201
The Graduate College	82
Unclassified students	56

FACULTY AND STAFF

Rush Medical College	2,853
College of Nursing	234
College of Health Sciences	210
The Graduate College	87

ACADEMIC AFFILIATIONS

Beloit College
Benedictine University
Carleton College
Dominican University
Fisk University
Knox College
Lawrence University
Macalester College
Monmouth College
North Central College
Ripon College
Wheaton College

PHILANTHROPY AND EXTRAMURAL SUPPORT

Rush would like to thank the 3,901 individuals and families, 421 corporations, 64 foundations and 155 other organizations that contributed nearly $22 million to support the people and programs of the Medical Center between July 1, 2000, and June 30, 2001. The collective contributions represent an increase of nearly 5 percent over the previous year. Lead gifts included a $3.6 million distribution from the estate of Rush Medical College alumnus James W. Merricks, MD, to be used for medical research, a $1 million commitment from the Woman's Board for an endowed scholarship fund in the College of Nursing, and $2 million from the John A. Hartford Foundation for a geriatrics training program entitled "Virtual Integrated Practice: A New Approach to Health Care Teams."

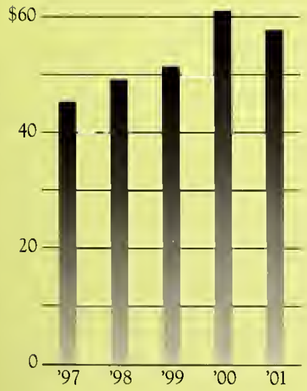
Donors will be recognized individually in a special honor roll issue of the Rush publication *Partnerships*, which will be published in March 2002.

During fiscal year 2001, researchers at Rush were involved in more than 1,600 research projects — including hundreds of clinical studies to test the effectiveness and safety of new therapies and medical devices. Annual research funding has grown from $20 million in 1990 to nearly $58 million today. Some of this important work is housed in the new Robert H. and Terri Cohn Research Building, a state-of-the-art facility where Rush investigators are conducting genetic research to identify the causes of a wide range of diseases.

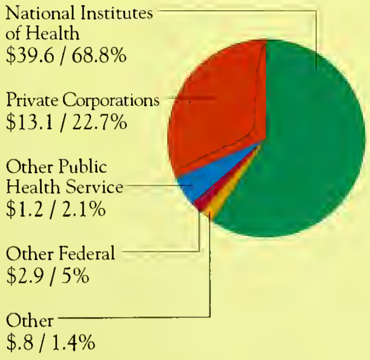
For more information about fundraising at Rush, please contact the Office of Philanthropy at (312) 942-6830 or via e-mail to giving@rush.edu.

For more information about Rush research, contact the Office of the Associate Vice President for Research at (312) 942-2798.

Research Awards to Rush University
($ in millions)

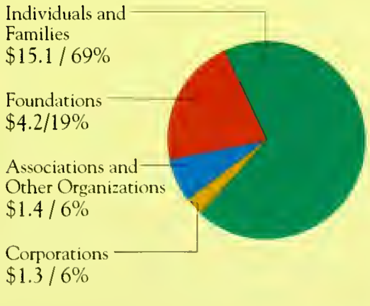


External Research Awards by Source
($ in millions)



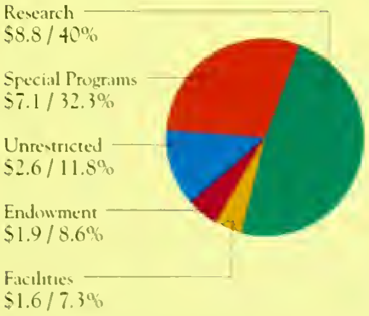
Total Research Awards
$57.6 million

Gifts Received by Source
($ in millions)



Total Gifts and Pledges
$22 million

Gifts Received by Purpose
($ in millions)



Total
$22 million

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For more information about the "It's Happening at Rush" series, see **www.rush.edu/happening**

To learn about education at Rush, go to **www.rushu.rush.edu**

For a complete list of patient care services, visit **www.rush.edu/patients**

And see our online version of the annual report at **www.rush.edu/annual**

IT'S HAPPENING AT RUSH

IN THE SPECIAL CARE NURSERY

New mother Dorthea Thomas holds her two-pound baby girl, DeNae, against her chest. With Dorthea and DeNae is the baby's father, Maurius Miles.

Many mothers of premature infants say they feel utterly helpless at the sight of their babies hooked up to monitors and ventilators, fighting for life. In a program that's become a national model, mothers who deliver pre-term at Rush are encouraged to become part of the child's health care team by breastfeeding — and 95 to 97 percent of them do, as opposed to 35 to 40 percent nationwide. The key to this astounding success rate: the Rush Mother's Milk Club, where moms find support and education at weekly meetings. "We really get moms involved in the science of breast milk, and that empowers them," says Paula Meier, RN, DNSc, director of the Rush Neonatal Intensive Care Lactation Program. "They learn that pre-term milk actually has more antibodies and beneficial fat than that of mothers who carry to full term. So our moms see tangible results in their babies' progress — and they know they've made all the difference in the world."

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